

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 08 / 2014</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City State Zip Code Chicago IL 60611-4011		Transaction ID : E705AD63BE3CA42D89A0 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>			
Purpose of Expenditure Consulting Services		Category/Type		Name of Federal Candidate Sen. Mark E. Udall	
Name of Federal Candidate Sen. Mark E. Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1800.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014			<input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Strategic Partners & Media, Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 08 / 2014</div> </div>		
Mailing Address PO Box 480			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">271180.00</div>		
City State Zip Code Arnold MD 21012-0480		Transaction ID : E6DDE9F9ADB66459DA41 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>			
Purpose of Expenditure TV Ad buy & Production costs		Category/Type		Name of Federal Candidate Rep. Tom W. Reed II	
Name of Federal Candidate Rep. Tom W. Reed II		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">621349.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014			<input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">271230.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

Signature

[Electronically Filed]

Date

MM / DD / YYYY

10 / 10 / 2014

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 430 N Michigan Ave		Amount 100.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E9175EF68889E4BA28DA Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Consulting Services	Category/Type		
Name of Federal Candidate Rep. Tom W. Reed II		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 23 State: NY
Calendar Year-To-Date Per Election for Office Sought 621349.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 1111 19th St NW		Amount 1750.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : EF6B9602AD5D04EC2918 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Website design costs	Category/Type		
Name of Federal Candidate Sen. Mark E. Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought 1800.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1850.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Partners & Media, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address PO Box 480		Amount 63000.00	
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : E51B613B9303545EB9D1
Purpose of Expenditure Digital/Online Ad buy & production costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Tom W. Reed II		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 621349.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014	
Mailing Address 1111 19th St NW		Amount 1750.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E26D9959BE33F4E04932
Purpose of Expenditure Website design costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Mike Coffman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 1800.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014	
Mailing Address 430 N Michigan Ave		Amount 50.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E3D750C9CC5E7446B950 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Consulting Services		Category/Type	
Name of Federal Candidate Rep. Mike Coffman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: CO
Calendar Year-To-Date Per Election for Office Sought		1800.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	337880.00

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